

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	5-701
FORMALITY REVIEW	MD	579	6/4/01
RESPONSE FORMALITY REVIEW	JK	835	09/19/01
	A.S	943	10-16-1
	BZ	107	01-08-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/15/01
2	1/15/01
3	1/15/01
4	1/15/01
5	1/15/01
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8	1/15/01
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49	1/15/01
50	1/15/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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